

dk



July 30, 2007

**Via UPS Next Day**

Ms. Pam Grubaugh-Littig  
Utah Department of Natural Resources  
Division of Oil, Gas and Mining  
1594 West North Temple, Suite 1210  
Salt Lake City, UT 84114-5801

Re: Canyon Fuel Company, LLC/Mountain Coal Company, L.L.C.  
Certificates of Liability Insurance

*Suproff*  
*C/007/0003*  
*C/007/0018*  
*C/007/0034*  
*C/007/0039*  
*C/041/0002*  
*C/007/0016*

Dear Ms. Grubaugh-Littig:

Enclosed are new Certificates of Liability Insurance for the following:

Canyon Fuel Company, LLC: Permits: C007005, C007018, C007039  
C007034, C0041002

Mountain Coal Company, L.L.C.: Permit: ACT/007/016

I trust you will find the enclosures to be in order.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Stacy Allen'.

Stacy Allen  
Risk Management Department

Enclosures

cc: Rick Parkins, Arch Western Bituminous Group  
Chris Hansen, CFC-Skyline  
Mike Davis, CFC-Sufco  
Vicky Miller, CFC-Dugout  
Henry Barbe, MCC  
Phil Schmidt, MCC

**RECEIVED****JUL 31 2007**

DIV. OF OIL, GAS &amp; MINING

## MARSH

## CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER  
CHI-000333518-12

**PRODUCER**

Marsh USA Inc.  
701 Market Street, Suite 1100  
St. Louis, MO 63101  
Attn: [archcoal.certrequest@marsh.com](mailto:archcoal.certrequest@marsh.com)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

### COMPANIES AFFORDING COVERAGE

COMPANY

**A ACE AMERICAN INSURANCE COMPANY**

COMPANY

**B**

COMPANY

C

COMPANY

D

## INSURED

Canyon Fuel Company, LLC  
c/o Arch Western Bituminous Group, L.L.C.  
225 N. 5th Street, Suite 900  
Grand Junction, CO 81501

## COVERAGES

This certificate supersedes and replaces any previously issued certificate for the policy period noted below.

10

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	HDO G2 3732920	07/31/07	07/31/08	GENERAL AGGREGATE	\$ * 500,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	*****\$500,000 general aggregate			PRODUCTS - COMP/OP AGG	\$ 500,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	*****per location*****			PERSONAL & ADV INJURY	\$ 300,000
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				EACH OCCURRENCE	\$ 300,000
	<input checked="" type="checkbox"/> Includes XCU				FIRE DAMAGE (Any one fire)	\$ 50,000
	<input type="checkbox"/>				MED EXP (Any one person)	\$ 5,000
	<input type="checkbox"/>					
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	<input type="checkbox"/>					
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
	<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY:	
	<input type="checkbox"/>				EACH ACCIDENT	\$
	<input type="checkbox"/>				AGGREGATE	\$
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER
	THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE:	<input type="checkbox"/> INCL			EL EACH ACCIDENT	\$
		<input type="checkbox"/> EXCL			EL DISEASE-POLICY LIMIT	\$
					EL DISEASE-EACH EMPLOYEE	\$
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Permit Banning Loadout C007034  
Blasting and use of explosives is not excluded under the policy.

**CERTIFICATE HOLDER**

Utah Dept. Of Natural Resources  
Division of Oil, Gas and Mining  
1594 W. North Temple  
Suite 1210  
Salt Lake City, UT 84114-5801

## CANCELLATION

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ~~ENTER YOUR~~ MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN. ~~YOUR POLICY IS NOT A CONTRACT AND DOES NOT PROVIDE COVERAGE FOR ANY OF THE RISKS OR CONDITIONS OF LOSS OR DAMAGE TO THE~~

MARSH USA INC.

BY: Alfred A. Peterfeso

**MM1(3/02)**

Alfred A. Peterson

VALID AS OF: 07/30/07